

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 01 / 27 / 2016	

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2015	
Mailing Address PO Box 37046		Amount 0.00	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.5658
Purpose of Expenditure Voter Data and Outreach Capability		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2015
Name of Federal Candidate RAND PAUL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 997430.01		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2015	
Mailing Address PO Box 37046		Amount 0.00	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.5659
Purpose of Expenditure August Monthly Outbound Phone Fees		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2015
Name of Federal Candidate RAND PAUL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 997430.01		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2016

Signature